

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number 09/964,390

Filing Date September 28, 2001

First Named Inventor Larry D. Woodring

Art Unit 2642

Examiner Name Q. H. Nguyen

Attorney Docket Number BS01379

ENCLOSURES

(Check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation
Change of correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)

Remarks:

☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals
and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)

Bambi Faivre Walters

Reg. No.: 45,197

Signature

Bambi Faivre Walters

Date

April 25, 2006

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile-transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)

Maureen M. Pettine

Date

04/25/2006

Signature

Maureen M. Pettine

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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CENTRAL FAX CENTER

APR 25 2006

In re application of: Larry D. Woodring Group Art Unit: 2642
Application No.: 09/964,390 Examiner: Q. H. Nguyen
Filed: September 28, 2001
Title: "Systems and Methods for Providing User Profile Information in
Conjunction with an Enhanced Caller Information System"

VIA FACSIMILE 571-273-8300

Attn: Examiner Q. H. Nguyen

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States
Patent and Trademark Office on: 04/25/2006 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

April 25, 2006

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark
Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).
The references are as follows:

6,236,975	Boe, et al.	05/2001
2002/0122401	Xiang, et al.	09/2002

This Information Disclosure Statement is being submitted after the mailing of a first
Office Action in this application and therefore, a certification fee is believed to be required
(37 CFR § 1.97(b)(3)).

04/26/2006 MBINAS 60000030 09964390

01 FC:1006

100.00 OP

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
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Williamsburg, VA 23188
Telephone: 757.253.5729

Date: APRIL 25, 2006

APR 25 2006 4:14PM WALTERS & ZIMMERMAN

757-253-5729

APR 25 2006

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 09/064,390
Filing Date September 28, 2001
First Named Inventor Larry D. Woodring
Examiner Name Q. H. Nguyen
Art Unit 2642
Attorney Docket No. BS01379

TOTAL AMOUNT OF PAYMENT \$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
☐ Charge fee(s) indicated below, except for the filing fee
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES			SEARCH FEES			EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each Independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
- 20 or HP =		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
HP=highest number of independent claims paid for, if greater than 3.		

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =			
Extra Claims			
Fee (\$)			
Fee Paid (\$)			
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
- 100 =			
Extra Sheets			
Fee (\$)			
Fee Paid (\$)			
(round up) x			

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS Fee

SUBMITTED BY: 180.00

Name (Print/Type) Bambi F. Walters Registration No. 45,197 Complete (if applicable) Telephone: (757) 253-5729

Signature [Signature] Date APRIL 25, 2006

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 09/964,390
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☐ Deposit Account Deposit Account No. 19-2167

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Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

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Multiple dependent claims	360	180
Total Claims		
— - 20 or HP = —	x —	= —
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
— - 3 or HP = —	x —	= —	

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— - 100 = —	/ 50	— (round up) x —	= —

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Fee Paid (\$)

180.00

SUBMITTED BY:

Name (Print/Type) Bambi F. Walters Registration No. 45,197 Complete (if applicable)
(Attorney/Agent) Telephone: (757) 253-5729

Signature

Bambi F. Walters

Date

APRIL 25, 2006

